

**NATIONAL ASSOCIATION FOR CAMPUS ACTIVITIES
(NACA)
HOTEL RESERVATION FORM 2009
October 14-18, 2009**

LANCASTER HOST RESORT AND CONFERENCE CENTER
2300 Lincoln Highway East
Lancaster, Pennsylvania 17602
Telephone: (717) 299-5500
Fax Number: (717) 295-5112

ROOM RATES PER NIGHT INCLUSIVE OF 11% HOTEL OCCUPANCY TAX:
\$155.40 PER NIGHT, SINGLE/DOUBLE OCCUPANCY
\$177.60 PER NIGHT, TRIPLE/QUAD OCCUPANCY

RESERVATIONS:

All reservations must be postmarked on or before **Wednesday, September 23, 2009**.
 After this date, space will be on an "IF AVAILABLE" basis.

Total hotel reservation fee is required with these forms. PLEASE MAKE CHECKS PAYABLE TO LANCASTER HOST RESORT AND CONFERENCE CENTER.
No reservations will be accepted without names and full payment.

CONTACT NAME _____

SCHOOL _____

SCHOOL ADDRESS _____

SCHOOL PHONE NO. _____ EXTENSION NO. _____

CREDIT CARD # _____ EXP DATE _____ PO # _____

****CREDIT CARD WILL BE CHARGED IMMEDIATELY UPON RECEIPT OF RESERVATION FORM.**

	<u>Number Of Rooms</u>		<u>Cost per room</u>		<u>Number of nights</u>		=	\$ _____
QUAD:	_____	x	\$177.60	x	_____	=		\$ _____
TRIPLE:	_____	x	\$177.60	x	_____	=		\$ _____
DOUBLE:	_____	x	\$155.40	x	_____	=		\$ _____
SINGLE:	_____	x	\$155.40	x	_____	=		\$ _____
TOTALS:	_____							\$ _____

* ROLLAWAY BEDS AVAILABLE AT AN ADDITIONAL \$15.00 CHARGE PER NIGHT

Check-in time is 4 P.M.

Check-out time is before 11 A.M.

******REFUNDS WILL NOT BE ISSUED FOR CANCELLATIONS RECEIVED AFTER October 09, 2009**

NATIONAL ASSOCIATION FOR CAMPUS ACTIVITIES

OCTOBER 14-18, 2009

HOTEL RESERVATION FORM AND ROOMING LIST

(Please use second sheet if necessary)

CONTACT NAME _____ HOME PHONE _____

SCHOOL _____ SCHOOL PHONE _____

SCHOOL ADDRESS _____

DATE OF ARRIVAL _____ DATE OF DEPARTURE _____

PLEASE TYPE OR PRINT ALL INFORMATION: Please group students and adults according to the way they wish to be assigned rooms.

ROOM 1 _____

ROOM 2 _____

ROOM 3 _____

ROOM 4 _____

ROOM 5 _____

ROOM 6 _____

ROOM 7 _____

ROOM 8 _____

